

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						10/018377		
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/	/				*	*	
2	/	/				*	*	
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5	3	/						
6	0	/						
7	0	/						
8	B	/						
9	B	/						
10	0	/						
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TOTAL DEP.	30	↔	36	↔				
TOTAL CLAIMS	31	██████████	27	██████████				

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TOTAL IND.		↓						
TOTAL DEP.		↔						
TOTAL CLAIMS		██████████						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS